24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48						
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
National Nurses United for Patient Protection							
	C C00490375						
theck if X 24-hour report 48-hour report X New report X Amends report filed on	M M / D D / Y Y Y Y						
Full Name of Payee	Date of Public Distribution/Dissemination						
Outfront Media	03 28 2016						
Mailing Address 185 US Highway 46	03 20 2010						
A	Amount						
City State Zip Code	117231.25						
	Transaction ID : D711251						
Purpose of Expenditure	Date of Disbursement or Obligation						
Print Advertising Category/ Type	03 / 10 / 2016						
Name of Federal Candidate Support Office S	ought: House District: 00						
Bernie Sanders Oppose Pr	resident Senate State: CA						
Calcillati Total To Bato	ement For: X Primary General						
Per Election for Office Sought 275343.75 2016	Other (specify) ▶						
Full Name of Payee Matrix Media	Date of Public Distribution/Dissemination						
	03 28 2016						
Mailing Address 463 E Town St	Amount						
City State Zip Code	9539.00						
0014111040	ransaction ID : D711254 Date of Disbursement or Obligation						
Purpose of Expenditure Print Advertising Category/	M = M / D = D / Y = Y = Y						
Type	03 17 2016						
Name of Federal Candidate Support Office S	Sought: House District: 00						
Bernie Sanders Oppose P	resident Senate State: MD						
Calendar Year-To-Date Disburse	ement For: X Primary General						
Per Election for Office Sought 9539.00 2016	Other (specify)						
(a) SUBTOTAL of Itemized Independent Expenditures	126770.25						
	7 120770.20						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
(c) TOTAL independent Expenditures	7 7						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Martha Kuhl [Electronically Filed] Date 03	29 2016						
Signature							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
Transmar Transco Office for Fundament Following	C C00490375
Check if X 24-hour report 48-hour report New report Amend	ds report filed on
Full Name of Payee Matrix Media	Date of Public Distribution/Dissemination
	03 / 28 / 2016
Mailing Address 463 E Town St	Amount
City State Zip Code	6500.00
Columbus OH 43215	Transaction ID : D711255 Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising Category/ Type	03 / 17 / 2016
Name of Federal Candidate Sup	port Office Sought: House District: 00
Bernie Sanders Opp	ose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 6500.00	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	03 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	50.00
Oakland CA 94612	Transaction ID : D711257 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Category/ Type	03 / 17 / 2016
Name of Federal Candidate Sup	port Office Sought: House District: 00
Bernie Sanders Opp	ose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 275343.75	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	6550.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 03 29 2016
Signature	20 20 20 20 20 20 20 20 20 20 20 20 20 2

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OF

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

So	chedule E)	EXI ENDI	TOTILO				PAGE 3	OF F FORM 24/	3 48	
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATI			
Ν	lational Nurses United for Patient Prote	ection				С	C00490375			
Ch	neck if 24-hour report 48-hour report	New repo	ort Am	ends repo	rt filed on	/ = M /		YYYY	Y	
	Full Name of Payee Outfront Media					M = M	c Distribution	Y Y Y		
	Mailing Address 185 US Highway 46				Amou	03 unt	28	2016		
	City Si	tate	Zip Code					155287.5	0	
		NJ	07004				on ID : D711252 isbursement or Obligation			
	Purpose of Expenditure Print Advertising		Category/ Type] [03	18	2016	Y	
	Name of Federal Candidate		Xs	Support	Office Soug	nt:	House	District:	00	
	Bernie Sanders			Oppose	X Presid	_	Senate	State. —	CA	
	Calendar Year-To-Date Per Election for Office Sought		275343.75		Disbursement 2016	nt For: Other (sp	Primary Decify) ►	y Ge	neral	
	Full Name of Payee				Date	of Publi	c Distribution	n/Disseminat	ion	
	Outfront Media					03	/ 28 /	2016		
	Mailing Address 185 US Highway 46				Amo		20	2010	_	
	City S	State	Zip Code					2775.0	0	
	Fairfield	NJ	07004			Transaction ID : D711253 Date of Disbursement or Obligation				
	Purpose of Expenditure Print Advertising		Category/ Type] [03	24	2016	Y	
	Name of Federal Candidate		X	Support	Office Soug	ht:	House	District:	00	
	Bernie Sanders			Oppose	X Presid	lent	Senate	State:	CA	
	Calendar Year-To-Date Per Election for Office Sought		275343.75		Disburseme 2016		Primar pecify) ►	y Ge	neral	
									_	
	(a) SUBTOTAL of Itemized Independent Expenditures)	-	7	158062.50)	
	(b) SUBTOTAL of Unitemized Independent Expenditures	s			· [
	(c) TOTAL Independent Expenditures				•	1 /9-		291382.75	5	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized								
	Martha Kuhl	[Electroni	ically Filed]	Date	03	29	/ 20	16		
	Signature									